



**QUALITY HOME CARE**  
 1210 East Hwy 66 Gallup, NM 87301  
 Telephone 505-726-0200 or 1-800-726-1822  
 Fax: 505-726-0202 or 1-877-726-0202

<b>APPLICANT INFORMATION</b>										Date		
Last Name						First Name				M.I.		
Mailing Address							Apartment #					
City					State				Zip Code			
Home Phone #					Cell Phone #							
Driver's License #					State		Exp. Date					
Emergency Contact				Relationship			Phone #					
Position Desired				Date Available			<input type="checkbox"/> Full-Time or <input type="checkbox"/> Part -Time					
Preferred Client (if any)												
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, provide Visa # and Expiration Date							
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Do you have any friends or family presently employed with us?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, who?							
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If, so explain?							
Military Service			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, in what branch?							
<b>PREVIOUS EMPLOYMENT - START WITH CURRENT OR MOST RECENT EMPLOYER</b>												
<b>1. Company</b>			Supervisor									
Address						Phone #						
City				State			Zip Code					
Job Title				Starting Salary		\$		Ending Salary		\$		
Responsibilities												
From			To			Reason for Leaving						
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>	NO <input type="checkbox"/>					
<b>2. Company</b>			Supervisor									
Address						Phone #						
City				State			Zip Code					
Job Title				Starting Salary		\$		Ending Salary		\$		
Responsibilities												
From			To			Reason for Leaving						
May we contact your previous supervisor for a reference?						YES <input type="checkbox"/>	NO <input type="checkbox"/>					
<b>3. Company</b>			Supervisor									

Address					Phone #				
City		State			Zip Code				
Job Title		Starting Salary			\$		Ending Salary		\$
Responsibilities									
From			To			Reason for Leaving			
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>		NO <input type="checkbox"/>		
<b>SKILLS AND QUALIFICATIONS</b>									
Training skills, licenses and/or certificates that may assist you in performing the position for which you are applying.									
Do you have current certification in:									
First Aid?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, expiration date?					
CPR?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, expiration date?					
AZ Direct Care Worker Certificate? (AZ Applicants only)		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, you will be required to obtain certification to be employed as an AZ attendant within 90 days of hire.					
Have you signed a non-compete agreement with another home care company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
<b>EDUCATION</b>									
High School					City		State		
From			To			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	GED
YES <input type="checkbox"/>	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>						
College/Other					City		State		
From			To			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree/Certificate
YES <input type="checkbox"/>	NO <input type="checkbox"/>								
<b>REFERENCES - LIST 3 PEOPLE WHO ARE NOT RELATED TO YOU, IF NONE LIST 3 PERSONAL REFERENCES</b>									
Name		Title		How Acquainted		Telephone		Number of years known	
<b>APPLICANT STATEMENT</b>									
<p>I certify that all information I have provided in order to apply for and secure work with Quality Home Care is true, complete and correct.</p> <p>I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.</p> <p>I understand that this employer is a Native American preference and equal opportunity employer and does not discriminate as to race, creed, color, national origin, sex, age, disability, marital status or sexual orientation.</p> <p>I understand that this application remains current for <u>6 months only</u>. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, I must reapply and fill out a new application.</p> <p>I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, is sufficient cause to eliminate me from further employment consideration, or may result in my immediate discharge from the employer's service, whenever discovered. <b>DO NOT SIGN UNTIL YOU HAVE READ, UNDERSTAND AND AGREE TO THE APPLICANT STATEMENT.</b></p>									
Signature of Applicant							Date		

1/9/2020 KS

You may save and email the completed application to [lenoraj@nrdci.com](mailto:lenoraj@nrdci.com) or you may print and fax to (505) 726-0202.

Please call (505) 726-0200 to confirm your application was received.